

QUALITY OF LIFE QUESTIONNAIRE (QL-SF)

MARKING INSTRUCTIONS

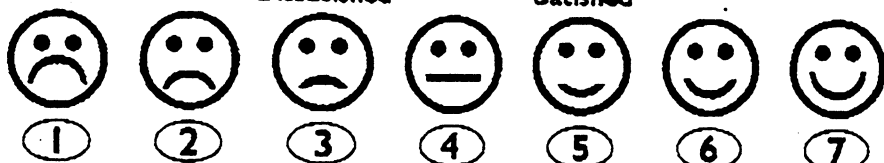
CORRECT
MARK

INCORRECT
MARKS

INSTRUCTIONS: This questionnaire asks about your quality of life, how you are doing and how you feel about things. Please read each question carefully and then mark your response by filling in the appropriate oval.

Several questions use the DELIGHTED-TERRIBLE Scale to help you tell how you feel about different things in your life.

Terrible **Unhappy** **Mostly Dissatisfied** **Mixed** **Mostly Satisfied** **Pleased** **Delighted**



EXAMPLE 1: To illustrate how you use this scale, we will use the example of chocolate ice cream. If you love chocolate ice cream, you might say that you feel "Delighted" about it and fill in oval 7.

EXAMPLE 2: If you hate chocolate ice cream, you might say that you feel "Terrible" about it and fill in oval 1.

EXAMPLE 3: If you feel so-so about chocolate ice cream, you might say that you feel "Mixed" about it and fill in oval 4.

Not all questions use this scale. Some ask you to respond "yes" or "no", and others ask you to rate or answer in different ways. In all cases, just fill in the best oval for your answer.

Start with Questions A and C to the right, then continue with the rest of the questions.

A. How old are you?

- ☐ Less than 18 ☐ 45 - 54
☐ 18 - 24 ☐ 55 - 64
☐ 25 - 34 ☐ 65 - 74
☐ 35 - 44 ☐ 75 or Older

B. What is your sex?

- ☐ Male ☐ Female

C. Which of these groups best describes your family origin?

- ☐ Asian/Pacific Islander
☐ African-American
☐ American Indian/Alaskan Native
☐ Hispanic
☐ White
☐ Other

1. Fill in the oval on the DELIGHTED-TERRIBLE Scale that best describes how you feel about your life in general?



2. Fill in the oval that best describes where you have been living during the past month? (Fill in only one oval.)

- ☐ In a house or apartment alone or with a spouse, friend, family or children
☐ In a house, apartment or boarding home where a mental health professional like a counselor or case manager visits regularly
☐ In a treatment program or boarding home where a mental health professional like a counselor or case manager is there all or almost all the time
☐ In a hospital or nursing home
☐ In a jail or prison
☐ On the streets or in an emergency shelter for the homeless

3. Fill in the oval on the DELIGHTED-TERRIBLE Scale that best describes how you feel about the privacy you have where you live?



PLEASE TURN OVER CARD FOR MORE QUESTIONS.

**The DELIGHTED-
TERRIBLE
Scale**


4. During the past month, did you do the following?

a. During the past month, did you work at a job for pay?

If YES, about how many days did you spend on a job?

4 ☐ Yes ☐ No

5 ☐ 1-5 days ☐ 6-10 days
6 ☐ 11-15 days ☐ 16 days or more

b. During the past month, did you go to school?

If YES, about how many days did you spend in school?

6 ☐ Yes ☐ No

7 ☐ 1-5 days ☐ 6-10 days
8 ☐ 11-15 days ☐ 16 days or more

c. During the past month, did you do volunteer work?

If YES, about how many days did you spend as a volunteer?

8 ☐ Yes ☐ No

9 ☐ 1-5 days ☐ 6-10 days
10 ☐ 11-15 days ☐ 16 days or more

d. During the past month, did you keep house or take care of children?

If YES, about how many days did you spend keeping house or taking care of children?

10 ☐ Yes ☐ No

11 ☐ 1-5 days ☐ 6-10 days
12 ☐ 11-15 days ☐ 16 days or more

e. During the past month, did you go to a day program?

If YES, about how many days did you spend at the program?

12 ☐ Yes ☐ No

13 ☐ 1-5 days ☐ 6-10 days
14 ☐ 11-15 days ☐ 16 days or more

5. Which of these activities did you consider your main activity during the past month? (Fill in the oval only.)

- 14 ☐ Working at a job for pay
☐ Going to school
☐ Doing volunteer work
☐ Keeping house/taking care of children
☐ Going to a day program
☐ None of these

6. Fill in the oval on the DELIGHTED-TERRIBLE Scale that best describes how you feel about the amount of fun you have.

15 1 2 3 4 5 6 7

7. Fill in the oval on the DELIGHTED-TERRIBLE Scale that best describes how you feel about how you spend your time.

16 1 2 3 4 5 6 7

8. Fill in the oval that best answers each of the following two questions. (Fill in only one oval for each question.)

a. How often do you talk to a member of your family on the telephone?

17

Daily	Weekly	Monthly	Less than monthly	Not at all
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

b. How often do you get together with a member of your family?

18

Daily	Weekly	Monthly	Less than monthly	Not at all
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

9. Fill in the oval on the DELIGHTED-TERRIBLE Scale that best describes how you feel about the way things are in general between you and your family.

19 1 2 3 4 5 6 7

PLEASE CONTINUE WITH THE NEXT QUESTIONS.

FOR OFFICE USE ONLY A B C D E F

The DELIGHTED-TERRIBLE Scale



10. Fill in the oval that best answers each of the following four questions.
(Fill in only one oval for each question.)

- | | Daily | Weekly | Monthly | Less than monthly | Not at all |
|---|--------------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| a. How often do you spend time with a friend who does not live with you? | 20 <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| b. How often do you phone a friend who does not live with you? | 21 <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| c. How often do you make plans ahead of time to do something with a friend? | 22 <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| d. How often do you spend time with someone you consider more than a friend, like a boyfriend, girlfriend or your spouse? | 23 <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

11. Fill in the oval on the DELIGHTED-TERRIBLE Scale that best describes how you feel about the amount of friendship in your life.



12. Fill in the oval next to the amount of money you had to spend on yourself during the past month, not counting money for room and board (housing and meals). (Fill in only one oval.)

- 25 ☐ Less than \$20 ☐ \$20 to \$50
☐ \$51 to \$100 ☐ More than \$100

13. Answer YES or NO to each of the following questions.
(Fill in only one oval for each question.)

- a. In the past month, did you have enough money for food? 26 ☐ Yes ☐ No
- b. In the past month, did you have enough money for clothes? 27 ☐ Yes ☐ No
- c. In the past month, did you have enough money for housing? 28 ☐ Yes ☐ No
- d. In the past month, did you have enough money for transportation? 29 ☐ Yes ☐ No
- e. In the past month, did you have enough money for fun? 30 ☐ Yes ☐ No

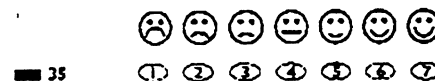
14. Fill in the oval on the DELIGHTED-TERRIBLE Scale that best describes about how well you are financially.



15. Answer YES or NO to each of the following questions.
(Fill in only one oval for each question.)

- a. In the past month, were you the victim of any violent crime like assault, rape, mugging or robbery? 32 ☐ Yes ☐ No
- b. In the past month, were you the victim of any non-violent crime like a theft, burglary or being cheated? 33 ☐ Yes ☐ No
- c. In the past month, have you been arrested or picked up for any crime? 34 ☐ Yes ☐ No

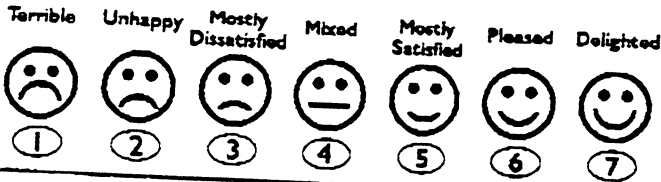
16. Fill in the oval on the DELIGHTED-TERRIBLE Scale that best describes how you feel about the protection you have against being robbed or attacked.



PLEASE TURN OVER CARD FOR THE REST OF THE QUESTIONS.

FOR OFFICE USE ONLY (A) (B) (C) (D) (E) (F)

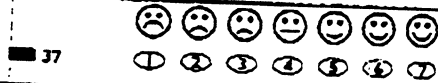
The DELIGHTED-TERRIBLE Scale



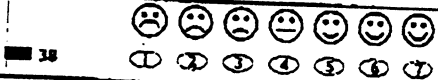
17. Overall, how would you rate your health? (Fill in only one oval.)

- 36
- ☐ Excellent
☐ Very good
☐ Good
☐ Fair
☐ Poor

18. Fill in the oval on the DELIGHTED-TERRIBLE Scale that best describes how you feel about your health in general.



19. Fill in the oval on the DELIGHTED-TERRIBLE Scale that best describes how you feel about your life in general.



20. What do you think of the DELIGHTED-TERRIBLE Scale?
 Fill in the oval that best describes what you think. (Fill in only one oval.)

- 39
- ☐ I liked it. It should be used.
☐ I have mixed feelings. It doesn't matter if you use it or not.
☐ I did not like it. It should not be used.

THIS IS THE END OF THE QUESTIONNAIRE. THANK YOU. THE REST OF THE CARD IS FOR OFFICE USE ONLY.

Episode of Care

Location/Site/Provider Code

Date Completed MM/DD/YY

Visit Type

Assistance Type

Primary DSM Code

Secondary DSM Code

GAF Score

0	1	2	3	4	5	6	7	8	9
0	1	2	3	4	5	6	7	8	9
0	1	2	3	4	5	6	7	8	9
0	1	2	3	4	5	6	7	8	9
0	1	2	3	4	5	6	7	8	9
0	1	2	3	4	5	6	7	8	9
0	1	2	3	4	5	6	7	8	9
0	1	2	3	4	5	6	7	8	9
0	1	2	3	4	5	6	7	8	9
0	1	2	3	4	5	6	7	8	9

- ☐ Intake/Admission ☐ Discharge
☐ Mid-Treatment ☐ Follow Up/Post Tx

- ☐ Self-Administered
☐ Translation Assistance Needed
☐ Other Assistance Needed

0	1	2	3	4	5	6	7	8	9
0	1	2	3	4	5	6	7	8	9
0	1	2	3	4	5	6	7	8	9
0	1	2	3	4	5	6	7	8	9
0	1	2	3	4	5	6	7	8	9
0	1	2	3	4	5	6	7	8	9
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